

Harford County Department of Parks and Recreation  
ACPR GYMNASTICS REC. COUNCIL



2017  
SPRING GYMNASTICS  
OFFERED FOR 15 MONTHS OLD TO KINDERGARTEN

**CASH, CHECK, OR CREDIT** accepted at the **CHURCHVILLE REC. CENTER**, Glen-ville building. **REGISTER BY MAIL OR DROP OFF** at the recreation center. Make checks payable to **ACPR Gymnastics**. Credit card payment available.

**MAIL TO:**  
**ACPR Gymnastics**  
**P.O. Box 248**  
**Churchville, MD 21028**

For more information, call **410-638-3853** or email: **cornngym@comcast.net**  
Check out our website at **www.acprgymnastics.com**

**Monday Classes**

1st Class will be held on **MAY 1ST**  
**CLASS CANCELED ON MAY 29TH**

<u>Time</u>	<u>Class Name</u>
9:30 to 10:20 a.m.	LTM
9:30 to 10:20 a.m.	GYM 2
10:30 to 11:15 a.m.	PnT2
10:30 to 11:20 a.m.	GYM I
11:30 to 12:15 p.m.	PnT1
12:30 to 1:20 p.m.	GYM 1
1:30 to 2:20 p.m.	GYM 2
5:30 to 6:15 p.m.	PNT 2
6:30 to 7:20 p.m.	LTM
7:30 to 8:20 p.m.	GYM 1

**Thursday Classes**

1st Class will be held on **MAY 4TH**

<u>Time</u>	<u>Class Name</u>
9:30 to 10:20 a.m.	GYM 2
10:30 to 11:20 a.m.	GYM 1
11:30 to 12:20 p.m.	LTM

**Friday Classes**

1st Class will be held on **MAY 5TH**

<u>Time</u>	<u>Class Name</u>
9:30 to 10:20 a.m.	LTM
10:30 to 11:20 a.m.	GYM 2
11:30 to 12:20 p.m.	GYM I
12:30 to 1:20 p.m.	GYM 3
1:30 to 2:20 p.m.	LTM



**Tuesday Classes**

1st Class will be held on **MAY 2ND**

<u>Time</u>	<u>Class Name</u>
9:30 to 10:20 a.m.	GYM 1
9:30 to 10:15 a.m.	PNT 2
10:30 to 11:20 a.m.	LTM
10:30 to 11:20 a.m.	GYM 2
11:30 to 12:20 p.m.	GYM I
1:00 to 1:50 p.m.	GYM 3
5:30 to 6:15 p.m.	PnT1
6:30 to 7:20 p.m.	GYM 1
7:30 to 8:20 p.m.	GYM 2/3

**Saturday Classes**

1st Class will be held on **MAY 6TH**

<u>Time</u>	<u>Class Name</u>
10:30 to 11:15 a.m.	PNT2
11:30 to 12:20 p.m.	LTM
12:30 to 1:20 p.m.	GYM I
1:30 to 2:20 p.m.	GYM 2

**Wednesday Classes**

1st Class will be held on **MAY 3RD**

<u>Time</u>	<u>Class Name</u>
9:30 to 10:15 a.m.	PnT1
10:30 to 11:20 a.m.	GYM 3
11:30 to 12:15 p.m.	PnT2
12:30 to 1:20 p.m.	GYM 2
12:30 to 1:20 p.m.	LTM
1:30 to 2:20 p.m.	GYM 1
2:30 to 3:20 p.m.	LTM

Parent n Tot 1(**PnT1**) - ages 15 months to 24 months  
Parent n Tot 2(**PnT2**) - ages 24 months to 36 months  
**LTM** (Learning thru Movement) - 2 1/2 (by 1st day) -3 1/2 year olds  
**GYM I** - 3 1/2 to 4 1/2 year olds  
**GYM II** - 4 1/2 to 5 year olds  
**GYM III** - 4 1/2 to 5 year olds with previous gymnastics experience

All classes will be held at the Churchville Rec. Center and are on a first come basis contingent upon sufficient registration. Unless you are otherwise notified, you may assume that the class will be held as scheduled.

**No refunds or transfers of registration.** No registration will be taken without payment. *Credit card payment accepted by ACPR staff only.*

**FEE: \$65.00 FOR 6 WEEKS**

**2017 WINTER GYMNASTICS REGISTRATION**

<b>DAY:</b>	<b>TIME:</b>	<b>CLASS NAME:</b>
<b>CHILD'S NAME:</b>		<b>PHONE #:</b>
<b>ADDRESS:</b>		<b>ZIP:</b>
<b>DATE OF BIRTH:</b>		<b>AGE:</b>
<b>PARENT'S NAME:</b>		
<b>E-MAIL ADDRESS:</b>		
<b>EMERGENCY NAME &amp; PHONE #:</b>		
<b>AMT. PD.</b>	<b>CASH(exact amt.)</b>	<b>CHECK#</b>
<b>REG. DATE</b>		
<b>CREDIT CARD #</b>		<b>EXP. DATE</b>

**RELEASE OF LIABILITY**

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, [www.cdc.gov/headsup/youthsports/index.html](http://www.cdc.gov/headsup/youthsports/index.html). Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at [www.nhlbi.nih.gov/health/health-topics/topics/scda](http://www.nhlbi.nih.gov/health/health-topics/topics/scda). Further information on both can be found by calling 1-800-232-4636.

**Child's name** \_\_\_\_\_ **Parent's name** \_\_\_\_\_

**Parent's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Any physical conditions or allergies that the instructor should be made aware of** \_\_\_\_\_